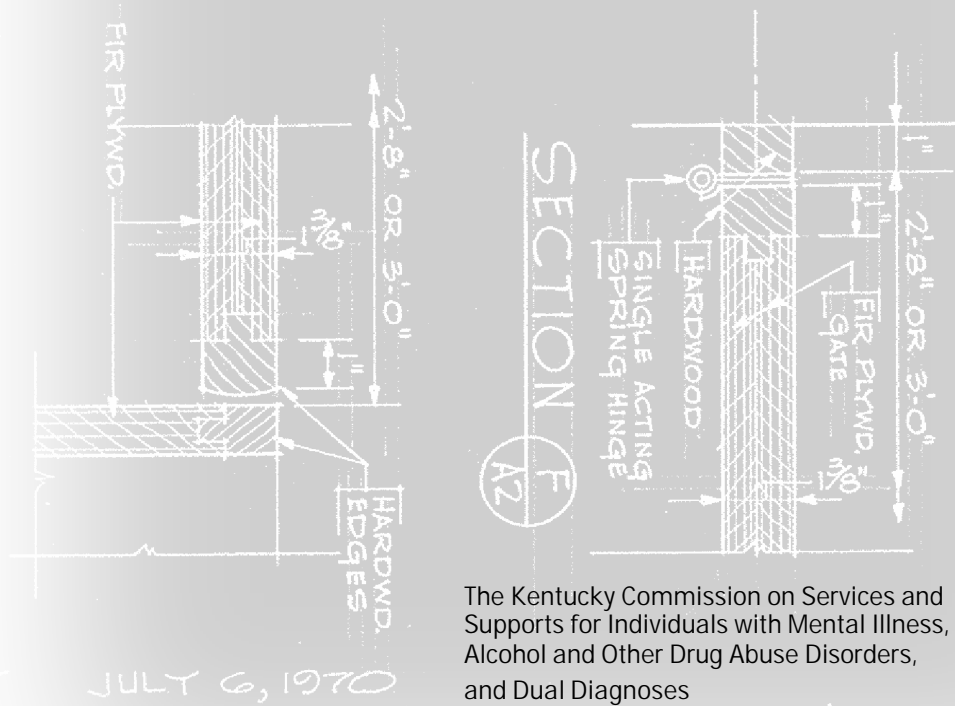


Template for Change

2002 Progress Report



The Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses

October 1, 2002

The Secretary for Health Services
COMMONWEALTH OF KENTUCKY
275 EAST MAIN STREET
FRANKFORT KY 40621-0001
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PAUL E. PATTON
GOVERNOR

MARCIA R. MORGAN
SECRETARY

September 30, 2002

The Honorable Paul E. Patton
Governor of the Commonwealth of Kentucky

Members of the Kentucky General Assembly

Dear Governor Patton and Members of the General Assembly:

We are pleased to present you with the second annual report of the Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol, and Other Drug Abuse Disorders, and Dual Diagnosis as required in KRS 210.504(5).

This report presents the efforts of the Commission and its Regional Planning Councils to implement the recommendations and address the priority issues in our first report. As you will see, we have made great strides and we are proud of the work we have begun. Yet, we are the first to acknowledge it is only a beginning. Much more work at the state and regional levels is needed to improve the quality, availability and delivery of services to citizens whose lives are affected by mental illness, substance abuse disorders or both.

We are grateful for the continued support we have received from you, Governor, and the members of the Kentucky General Assembly over this past year, from the leadership of the Regional MH/MR Boards, and from the hundreds of local committed citizens, providers, consumers, and community leaders from across Kentucky who are participating on Regional Planning Councils.

On behalf of all Commission members, we ask for your continued support of this important work. If you have questions or would like additional information about the Commission, please do not hesitate to contact us.

Sincerely,

Mary Lou Marzian
Member, House of Representatives
Co-Chair

Marcia R. Morgan
Secretary
Cabinet for Health Services
Co-Chair

Template for Change

2002 Progress Report

The Kentucky Commission on Services and
Supports for Individuals with Mental Illness,
Alcohol and Other Drug Abuse Disorders,
and Dual Diagnoses

A Report

October 1, 2002

Second Printing November 8, 2002

EXECUTIVE SUMMARY

This is the second annual report from the Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Disorders, and Dual Diagnosis – also known as the “843 Commission.” The Template for Change 2002 provides an update on the activities and accomplishments related to the work of the Commission.

Over the last year, hundreds of Kentuckians have made contributions to the work of the 843 Commission through regional planning councils and work groups.

Among the accomplishments are several initiatives that were funded this fiscal year as part of Governor Patton’s spending plan. These areas include a completion of the statewide network of crisis stabilization programs, substance abuse services for pregnant women, early childhood mental health services, wraparound services, supported employment, and mental health training for jail staff. These funding steps were seen as huge successes considering the revenue shortages that Kentucky and other states find themselves facing. Kentucky’s national ranking of 44th per capita general fund spending for mental health and substance abuse services will not rapidly change, but the budgetary cycle represents a first step toward the commission’s goal to a ranking of 25th in the nation.

Other positive steps included the passage of legislation that expanded the number of Qualified Mental Health Professionals, more flexibility in the method of funding regional MH/MR boards, and a continuation of services aimed at producing healthy babies through the KIDS NOW initiative. This included a “Healthy Babies” campaign that urged women of childbearing years to not smoke or use drugs or alcohol during pregnancy and to take vitamins to prevent birth defects.

The 843 Commission was expanded to represent more people and organizations with an Executive Order from the Governor on July 1, 2002. The commission now has 26 members and three alternates. Especially noteworthy was the addition of consumers and family members of consumers of mental health or substance abuse services.

Ongoing activities of the 14 Regional Planning Councils are listed on pages 15-28.

The commission has received help from work groups to address a variety of issues ranging from children’s issues to employment and housing. Each work group has listed its accomplishments and next steps.

The commission, as well, has much more work to be done. One issue for the 2003 General Assembly will be to amend HB 843 to remove the sunset provision.

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COMMISSION MEMBERS

State Representative Mary Lou Marzian, Louisville, Co-Chair

Cabinet for Health Services Secretary Marcia Morgan, Co-Chair

(Ellen Hesen, designee)

Criminal Justice Council Executive Director Kim Allen

Adult family member of a consumer of mental health or substance abuse services Bernie Block

(Robert Hicks, alternate)

Regional Planning Council Chairperson Wanda Bolze

(Gale Cherry, alternate)

State Senator Charlie Borders, Russell

Office of Transportation Delivery Executive Director Vickie Bourne

(Gail Mayeux, designee)

Justice Cabinet Secretary Ishmon F. Burks

(Karen Quinn, designee)

Kentucky Agency for Substance Abuse Policy Executive Director Larry Carrico

(David Mawn, designee)

State Representative Barbara White Colter, Manchester

Vocational Rehabilitation Commissioner Bruce Crump

(Robin Fowler, designee)

State Representative Bob Damron, Nicholasville

Consumer of mental health or substance abuse services Rickie Dublin

(Jim Coleman, alternate)

Protection and Advocacy Division Director Maureen Fitzgerald

Office of Family Resource and Youth Services Centers Director Robert Goodlett

(Mary Ann Taylor, designee)

State Senator Dan Kelly, Springfield

Juvenile Justice Commissioner Ralph Kelly

(Bill Heffron, designee)

Administrative Office of the Courts Director Cicely Lambert

(Lisa Minton and Melinda Wheeler, designees)

Kentucky Housing Corporation Chief Executive Officer F. Lynn Luallen

(Natalie Hutcheson and Larry Kimberlain, designees)

State Senator Ed Miller, Cynthiana

Cabinet for Families and Children Secretary Viola Miller
(Tara Parker, designee)

Mental Health/Mental Retardation Services Commissioner Margaret Pennington

Department for Medicaid Services Commissioner Mike Robinson
(Marilyn Duke, designee)

Department of Corrections Commissioner Vertner Taylor
(Rick Purvis, designee)

Office of Aging Services Executive Director Jerry Whitley
(Barbara Gordon, designee)

Department of Education Commissioner Gene Wilhoit
(Angela Wilkins, designee)

INTRODUCTION

The Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Disorders, and Dual Diagnoses was established by the 2000 General Assembly with the passage of HB 843. It has become known as the "843 Commission". Its purpose is to integrate recommendations from Kentucky's communities into a comprehensive plan to better serve Kentuckians who suffer from mental illness, a substance abuse disorder, or both.

The Commission is composed of legislators and representatives of consumers, family members, regional planning councils, and every state agency that deals with mental illness and substance abuse. It is as an advisory commission to the Governor and General Assembly that takes input from a network of fourteen regional planning councils convened by Regional Mental Health and Mental Retardation Boards. It has the assistance of a number of work groups devoted to specific issues and population groups. Hundreds of Kentuckians have contributed to the work of the HB 843 Commission through service on the Commission, membership on a Regional Planning Council, or participation on a workgroup.

The planning effort began in 2000 when Regional Planning Councils were convened by each of Kentucky's fourteen (14) Regional MH/MR Boards. In short order, local stakeholders assessed regional needs and prioritized them in reports to the Commission. As the Commission reviewed the regional recommendations, issues emerged and were identified as "Common Issues". These Common Issues provide the foundation for the Commission's work:

- **Collaboration** - ongoing, coordinated communication and action should occur at every level;
- **Planning** - planning should occur at the regional level to address regional needs and plan for a seamless system of care;
- **Fiscal Policy** - investment in community mental health and substance abuse services is needed to reduce later, more costly, expenditures and to improve Kentucky's national rank of 44th in non-Medicaid spending for mental health and substance abuse services;
- **Public Policy** - accurate data, outcomes information, and a systems approach is needed to shape policy;
- **Public Education** - the stigma associated with mental illness and substance abuse should be reduced to encourage earlier identification and intervention;
- **Professional Workforce and Staffing** - more professionals are needed in all parts of the state and they should be cross-trained to address dual diagnosis problems; and
- **Transportation** - barriers that impede access to effective community services should be reduced.

Based on Regional Planning Council recommendations, the Commission issued its first report, *Template for Change*, in June of 2001. The report's recommendations were developed from input from the regional planning councils and the workgroups. The Commission's recommendations focused on:

- *Greater flexibility in how regions spend state funds;*
- *Increased funding to enhance mental health and substance abuse services;*
- *A focus on quality and access to services through public education, professional training, and quality assurance activities;*
- *Improved coordination among state and local human service providers and consumers; and*
- *Administrative changes to make the Commission more inclusive and effective.*

This second annual report, *Template for Change 2002 Progress Report*, provides an update on actions, identifies accomplishments of the Commission that resulted from initial recommendations, describes other initiatives related to the scope of the Commission, and describes "next steps".

Kentucky's historically underfunded mental health and substance abuse treatment systems have struggled to provide a better quality of life for the estimated 20 percent of our population who are affected by mental illness, substance abuse disorders or dual diagnoses. The Commission recognizes that much remains to be done, and affirms its commitment to respond to community input and to develop statewide, strategic planning to meet the needs of our citizens.

ACCOMPLISHMENTS

FUNDING INCREASES

The education and advocacy generated by the 14 Regional Planning Councils and members of the 843 Commission led to important new funding initiatives during the 2002 General Assembly session and their inclusion in the Governor's spending plan and debated budget for the 2003-04 biennium. The new amounts allocated for the state fiscal year that began July 1, 2002, and will end June 30, 2003 (FY 03), may be found in Appendix 1.

Crisis Stabilization Network

The completion of a statewide network of crisis stabilization programs, initially authorized in 1994, was identified early as a Commission priority. By design, each mental health region would have two programs --one for adults, one for children--which would provide intensive short-term services to prevent more expensive hospitalization and maintain a consumer's community supports. The Governor's spending plan and debated budget allocates \$6 million (\$2 million in FY 03, and \$4 million in FY 04) to complete the statewide network.

Substance Abuse Services for Pregnant Women

Publicly funded services for Kentuckians with substance abuse disorders was a focus in the HB 843 process at the regional and at the state level. The Governor's spending plan and debated budget allocated \$2.0 million (\$1 million in each fiscal year) to enhance substance abuse services for pregnant women and women of childbearing years in a program that resulted in a successful collaboration of Regional MH/MR Boards with local Health Departments.

Early Childhood Mental Health

A new program to provide consultation with caregivers of children from birth to age five was established under the Governor's Office of Early Childhood Education. The program establishes an early childhood consultant with each Regional MH/MR Board who will collaborate with local health departments and day care centers. The Governor's spending plan and debated budget allocated \$1 million each fiscal year for this initiative.

Olmstead Wraparound Services for Individuals With a Severe Mental Illness

Kentucky's response to the "Olmstead" decision of the U. S. Supreme Court has included an effort to mobilize services for individuals with disabilities who are in the state's psychiatric institutions but are ready for community placement. With sufficient supports, such as intensive case management and supported housing, individuals with challenging behavioral health problems can live successfully in our communities. The Governor's spending plan and debated budget allocates \$1.9 million (\$1.1 million in FY 03, and \$0.8 million in FY 04). This funding will purchase or provide necessary services and supports through Regional MH/MR Boards for approximately 24 persons with severe mental illness who have been hospitalized in state psychiatric institutions for an extended period of time.

Supported Employment

One of the most exciting successes of the first year of the HB 843 process was the support of the Cabinet for Workforce Development, which was represented on the Commission, for the expansion of supported employment services for individuals with disabilities. Supported employment supplements vocational rehabilitation programs by providing longer-term supports for people with disabilities who enter the workforce. The Governor's spending plan and debated budget allocates \$0.4 million (\$0.2 million in each fiscal year) for expansion of supported employment services.

State Facilities

While the bulk of the recommendations made by the HB 843 Commission focused on community-based programs, the Commission recognized that institutions such as the state psychiatric hospitals are an important part of the continuum of care. The Governor's spending plan and debated budget allocated \$2.8 million (\$1.4 million in each fiscal year) for miscellaneous construction and repair of these and other state facilities, which will benefit the consumers who are residents there.

Mental Health Training for Jail Staff

In response to a series of articles in the Louisville *Courier-Journal* about suicides in Kentucky jails, the 2002 General Assembly addressed services to persons with mental illness, substance abuse disorders and dual diagnoses who are in jails. Legislation did not pass during the session, but the concerns are being addressed by a Commission workgroup that focuses on the interface of criminal justice and behavioral health systems. \$550,000 was allocated in the Governor's spending plan and debated budget for Regional MH/MR Boards to provide behavioral health training and consultation to local jailers (\$0.275 million in each fiscal year).

Conclusion

At a time when state revenues are falling significantly below expectations and Medicaid faces growing deficits, the work by legislators and the Governor to identify sources of new funds for mental health and substance abuse services were seen by participants in the HB 843 process as huge successes. Kentucky's national ranking of 44th in per capita general fund spending for mental health and substance abuse services will not easily – nor rapidly – improve. However, the budgetary cycle represents a first step toward the Commission's goal of raising Kentucky's national standing to an above-average ranking of at least 25th.

LEGISLATIVE ACTION

The 2002 Kentucky General Assembly saw the passage of SB 90, which expanded the number of Qualified Mental Health Professionals (QMHP's) to include the licensed marriage and family therapists and the licensed professional clinical counselors. The legislation was filed in response to the often-cited shortage of trained mental health professionals in all areas of the state, but particularly in the rural areas. In this same piece of legislation, language describing the "Duty to Warn" and extending liability protection was clarified to include a larger group of mental health professionals and those acting in a counseling role with juveniles.

A number of other issues which had been discussed at the Regional Planning Council level or at the Statewide Commission were included in filed legislation, although none of the bills were successfully enacted into law. SB 2 was filed and amended in an attempt to clarify the relationship and jurisdiction of the HB 843 Commission and the Kentucky Agency for Substance Abuse Policy. This same legislation also would have removed the sunset provision of HB 843, expanded the membership of the statewide Commission and clarified the ongoing role of the Regional Planning Councils. Amendments to SB 2 included work on the advance mental health directive and a requirement for jails to report suicides and suicide attempts to the Department of Corrections.

FUNDING FLEXIBILITY

During FY 02, the Division of Mental Health changed the method for allocating federal block grants and restricted state general funds to the regional MH/MR boards to provide greater flexibility and to improve outcomes. The former system was cost-based and funded a variety of special programs that were valuable but may not have optimized local resources or met local priorities. In addition, funding was not in proportion to the number of people each center must serve. The new system:

- Moves to a *per capita* allocation method using new funds as they become available;
- Requires regional planning with performance objectives and stakeholder review;
- Includes the measurement of behavioral health outcomes;
- Will be evaluated with performance data; and
- Is performance-based.

The new *per capita* methodology was used to allocate new federal CMHS Block Grant funds to the Regional MH/MR Boards for FY 2003 (see Appendix 1). One-time "carryover" funds realized from the change in methodologies, plus some new money, is being used to implement an Outcomes Information project that is described further under the section of this report on the accomplishments of the Commission's Quality Assurance Work Group. The Division of Substance Abuse, working within federal constraints, also made changes that make substance abuse prevention funding more flexible.

This year, the two Divisions began exploring strategies to reduce barriers by blending substance abuse and mental health funding at the regional level to improve services to people with co-occurring disorders.

PROGRAM IMPROVEMENTS

Healthier moms and healthier babies are the intended outcomes of the KIDS NOW Substance Abuse and Pregnancy Initiative, a part of Governor Paul Patton's Healthy Babies Campaign. The initiative allocates \$1 million annually to Regional MH/MR Boards to partner with local health departments and physicians for outreach, prevention, and treatment. Training for partners includes education about the dangers of substance abuse during pregnancy, screening for substance abuse in a supportive manner, and how to refer for woman-centered, family-friendly treatment. Regional board staff will also visit partner sites to teach about dangers to newborns from alcohol and drug use by the mother, and to provide on-site assessments for women who may require treatment.

Since the initiative began in July 2001, Regional MH/MR Boards have provided prevention and treatment services to over 2,000 pregnant women. These numbers do not include Kentucky's two long-standing substance abuse and pregnancy programs, the PRIDE Program in Lexington and Project LINK in Jefferson County. In addition, a 60-day post-delivery Medicaid benefit for pregnant and postpartum women, a first in the nation, became effective in May 2000 and helps pay for prevention and treatment services.

KIDS NOW Service Increases: Substance Abuse & Pregnancy Initiative

	PREVENTION	TREATMENT	TOTALS
FY 2001	0	175	175
FY 2002	1,814	349*	2163

*Does not include long-standing pregnancy projects PRIDE & Project LINK

PUBLIC POLICY AND PUBLIC EDUCATION INITIATIVES

It is difficult to precisely assess the impact of the HB 843 Commission on the formation of public policy and the education of the public with regard to mental illness and substance abuse disorders. However, the issue of mental illness was discussed by the Governor both in his State of the Commonwealth address and in his budget address, referring to his commitment as "a promise kept." These references set a tone during the legislative session which was carried through in a number of committee meetings, floor speeches and debates on legislation. Never has there been such focus on mental illness and substance abuse!

The presence in Frankfort of consumers and family members, advocates and providers – usually dressed in red – was noteworthy. Many of the Regional Planning Councils had met with their local legislators prior to January and they continued with those communications during the session, stressing in particular the need for increased funding to bring Kentucky up from its rank of 44th nationally. The press became well versed in "843" and began to see the system of care and to understand its gaps and needs.

ACTIVITIES OF THE COMMISSION

INCLUDING MORE STAKEHOLDERS

Early on, the HB 843 Commission realized the need to expand its membership to capture a broader scope of the people and organizations who have an interest in the service and support needs of Kentuckians with mental illness, alcohol and other drug abuse disorders, and dual diagnoses. At the request of the Commission, Governor Paul E. Patton issued Executive Order 2002-760 on July 1, 2002 to expand the membership of the HB 843 Commission to include:

- Representatives of the following state agencies:
 - The Executive Director of the Office of Family Resource and Youth Service Centers;
 - The Executive Director of the Office of Aging Services of the Cabinet for Health Services;
 - The Executive Director of the Kentucky Agency for Substance Abuse Policy;
 - The Executive Director of the Criminal Justice Council;
 - The Director of the Administrative Office of the Courts;
 - The Chief Executive Officer of the Kentucky Housing Corporation;
 - The Executive Director of the Office of Transportation Delivery of the Transportation Cabinet.
- Representatives from the following stakeholder groups appointed by the Secretary of Health Services:
 - Chairpersons of Regional Planning Councils;
 - Adult consumers of mental health or substance abuse services; and
 - Family members of consumers of mental health or substance abuse services.

The Commission now has twenty-six members and three alternates.

COMMISSION MEETINGS

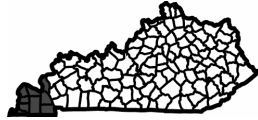
Subsequent to its initial report in June 2001, the Commission has focused on implementing initial recommendations and identifying enhancements of the state plan.

Meeting Date	Agenda Items
July 23, 2001	<ul style="list-style-type: none"> • Guiding Principles and Priority Recommendations • Projects related to Guiding Principles and Priority Recommendations • Requirements and Accountability for the Regional Planning Councils
November 30, 2001	<ul style="list-style-type: none"> • Funding for HB 843 Initiatives • Supported Employment • Pending Legislation to amend KRS 202A and 504 related to Qualifications of Mental Health Professionals, "Duty to Warn" • Pending legislation to establish "Advance Mental Health Directive" and address community supervision of persons with mental illness found incompetent to stand trial for a crime
January 28, 2002	<ul style="list-style-type: none"> • 2002 General Assembly Bills relating to HB 843 Commission, Mental Health & Substance Abuse • Training and Recruitment of Regional MH/MR Staff • Anti-Stigma Education Campaign • Flexible Funding
May 6, 2002	<ul style="list-style-type: none"> • 2002 General Assembly Legislative Summary • Executive Order on Commission's membership • Work Group Structure • Work Group Presentations
June 17, 2002	<ul style="list-style-type: none"> • 2002 Spending Plan Roll-Out • Medicaid Transportation Program • Approval of Work Group Charges • Work Group Updates • Presentations by Regional Planning Council representative from regions 6 & 14
August 26, 2002	<ul style="list-style-type: none"> • Introduction of New Commission Members • Orientation to the Commission's charge • Update from representative of the region 7 Regional Planning Council • Approval of Recommendations for Jailer Training • Updates from the Work Groups on Children's Continuum of Care and Advance Mental Health Directive • Presentation on "Real Choices Project"

ACTIVITIES OF THE REGIONAL PLANNING COUNCILS

The fourteen Regional Planning Council reports are listed below. Each Regional Planning council provided an update for this report and each provided the information in slightly different formats.

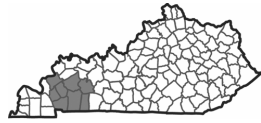
REGION I FOUR RIVERS



Ballard, Calloway, Carlisle, Fulton,
Graves, Livingston, McCracken,
Marshall, and Hickman

1. Region I has been approved and begun the process of developing a crisis stabilization unit for adults. This unit will serve eight adults at any one time. Additionally, this service will coordinate existing crisis intervention services within the region. The region is also slated to garner a children's crisis stabilization unit in FY '04.
2. Additionally, our region is in the final phases of securing a HUD 811 project to serve the housing needs of those individuals with mental illness, as well as those with mental retardation and physical disabilities.
3. The Region I Planning Council will continue to serve in an advisory capacity as Four Rivers implements the two crisis stabilization units and will continue to seek ways to better serve individuals with mental illness and substance abuse issues.
4. Recently the Region I Council made the following recommendations to the State Planning Council, in regard to needed services for children in our region:
 - A sufficiently funded crisis stabilization program for children. The Department for MH/MR Services is providing funding for this in FY '04. However, the funding is not adequate to sufficiently start and staff the program.
 - A broader continuum of services for children which would include in-home services, more partial hospitalization programs, especially in the southern part of our region, and inpatient hospitalization in our region.
 - Residential substance abuse services for adolescents. Particularly programs that included acute care and transitional living.
 - Increase in drug courts that focus on youth.
 - An increased availability of trained professionals in dealing with youth and their families. Sufficient funding is needed to pay salaries commensurate to recruiting such individuals and then offer sufficient training to maintain such staff.

REGION 2 PENNYROYAL



Caldwell, Christian, Crittenden,
Hopkins, Lyon, Muhlenburg, Todd,
and Trigg

Local Implementation Initiatives

- Four local subcommittees formed at location area clinics to focus upon the "grassroots" emphasis; each one is divided into children's group & adult group for study purposes. Includes Pennyroyal Mental Health and Mental Retardation Center (PMHMRC) Board members from that area.
- Chairperson from those area subcommittees along with PMHMRC consumers and regional officials (Area Development District types) and PMHMRC staff make up the Pennyroyal Regional Planning and Advisory Council.

Successes

- Expansion of Crisis Stabilization Direct Services is underway. Adults in crisis (as well as children) are triaged through RESPOND, the 24/7 telephone screening and referral service. Dialogues are ongoing with hospitals, nursing homes and others to identify adult respite and brief therapy locations.
- From the HB 843 Needs Assessment, HB 144 has funded expanded housing for clients with mental retardation and developmental disabilities.
- Parent training is scheduled weekly at four locations in Pennyroyal region through a Pennyrile Area Development District (PADD) grant to PCMHMRC of \$34,100 each year for two years. This is a collaborative effort with the Department for Community Based Services, schools and others that requested the service and will help with referrals.

Future Focus

- Throughout Western KY, there is no treatment or transitional facility for women or adolescents. Our focus at this time is to obtain funding and establish a women's treatment and transition facility for 50 persons (women and children) after the Oasis model.
- The second greatest need is for medical detox; we have no solution yet.

REGION 3 RIVER VALLEY



Daviess, Hancock, Henderson,
McLean, Ohio, Union, and Webster

We have implemented an Office of Consumer Affairs at RiverValley, effective September 1st of this year. This reallocation of resources and responsibilities was done to address many of the areas of concern identified in our HB 843 data that included information about services and supports for individuals in the community. The main focus of this office will be the development of support groups, on-going opportunities for sharing information with the consumer community, providing avenues for constructive suggestions for improving the provider community, and consumer advocacy.

The chair of HB 843 Region 3 Regional Planning Council is no longer a board member of RiverValley Behavioral Health (RVBH) since his term expired. The Board of Directors of RVBH will be asked to appoint another RVBH board member to the HB 843 Regional Planning Council at the September board meeting.

Our major areas of concern remain the same. Our major obstacle continues to be getting the cooperation and participation of the other stakeholders in the community.

We have begun working cooperatively with local pharmacies in an effort to determine ways to address the medication concerns.

We continue to struggle with staffing shortages, particularly in recruiting and retaining Registered Nurses.

REGION 4 LIFESKILLS



Allen, Barren, Butler, Edmonson,
Hart, Logan, Metcalfe, Monroe,
Simpson, and Warren

Initiatives

- The emphasis on more flexible funding has enabled us to create a Continuity of Care position to provide more intensive services to individuals at high risk of rehospitalization.
- A priority recommendation to provide a resource clearinghouse is in the planning phase with Western Kentucky University.

Successes

- The focus on dual diagnosis helped us to bring in an outside trainer as well as clarify expectations of staff in this challenging arena.
- This and other planning efforts have helped us move ahead quickly to gain cooperation from other resources to get more services to substance abusing pregnant women.

Future Focus

- Issues around criminal justice have sustained the strongest attention and will continue as the top priority issue. The focus of our last meeting was to hear from jailers. Since then we have been asked by one jailer to help find a solution to the problem of detaining someone for an involuntary commitment assessment while the individual is too intoxicated to assess immediately.
- The other issue surfaced by this planning process that has prompted good statewide and local attention is that of workforce development. Western Kentucky University officials' response has been very encouraging and will likely be our second priority issue.

REGION 5 COMMUNICARE



Breckinridge, Grayson, Hardin,
Larue, Marion, Meade, Nelson, and
Washington

Region 5 has made substantial progress toward achieving its priority goals in the past year:

Adolescent Substance Abuse:

- We are planning a collaborative effort with a private hospital to start an Intensive Outpatient program in one of our western county school systems (estimated start date January 2003).

Adult Substance Abuse:

- An 11-bed Women's Transitional Housing Program is ready for operation, pending the outcome of some final building inspections.

Child Mental Health:

- We have added a two-thirds (2/3rd) full-time equivalent Child Fellow psychiatrist (with the potential of being full-time in the next 6 months).
- We have obtained a commitment from a Child Fellow psychiatrist who will complete training in May 2003 (pending his acceptance into the State 20 program. This is a program that allows visa extension for individuals providing critical services).

Adult Mental Health:

- In a unique partnership with our local county hospital (Hardin Memorial), we have hired a Medical Director to provide leadership for the 15 bed psychiatric unit.
- We await completion of renovations on the unit so that we may begin to process and treat our 202A involuntary commitment consumers locally (estimated start date October or November of 2002).
- We have hired an Emergency Services Director. Our Adult Crisis Stabilization Unit is slated to begin operation in November or December 2002.
- We are in the process of revamping our 24-hour crisis response system. It will come on-line concurrently with our change to local treatment of our mental inquest warrants and 202A involuntary commitments.
- We are collaborating with our local NAMI chapter to man our new 24-hour crisis and information line (estimated start date January 2003).

We will be focusing on revitalizing our Council membership in the coming months. We will continue to pursue collaborations with the private and public sectors to close service gaps.

REGION 6 SEVEN COUNTIES



Bullitt, Henry, Jefferson, Oldham,
Shelby, Spencer, and Trimble

Since our initial report was submitted to the Statewide Commission in December of 2000, the Regional Planning Council has continued to meet on a quarterly basis. In addition, six local implementation teams have been meeting regularly around the following issues:

- (1) Housing: Increase the number of supported housing units (including group, individual and independent housing) for persons with mental illness and substance abuse problems.
- (2) Medication: Make the most appropriate medications available to those who need them and expand medication monitoring.
- (3) Access to care: Reduce barriers to accessing services and increase the total number of persons served. Establish mobile comprehensive healthcare service units to meet mental and physical health needs and to provide services to those consumers with access problems.
- (4) Continuum of care: Develop a seamless, coordinated continuum of care to successfully transition persons with mental illness and/or substance abuse problems from institutional care (i.e., hospitals, jails, prisons) to community care.
- (5) Increase the ability of healthcare and other professionals to effectively identify/screen for mental health and substance abuse problems and to refer individuals to the appropriate services;
- (6) Increase the capacity of therapeutic schools/classrooms and before- and after school programs for seriously emotionally disturbed (SED) children.

These teams are the council's second stage of implementing local goals and strategies, and are at the point of making work assignments within the community. The leadership of these local implementation teams comes from regional planning council members; other community members also have been invited to be members of these teams.

The local HB 843 plan continues to be used as a resource document throughout the community, and there has been a discussion about posting the complete plan on a Website due to the number of requests for information in the plan. For instance, the local United Way used the plan to help it decide where best to allocate some limited funding for an identified special needs population, those individuals with a seriously mental illness. The Coalition for the Homeless recently used work done by the regional council as a resource in the developing its strategic plan, and work from the plan also has been used in several collaboration grant applications, including one for expanded jail diversion services. Several community issues, such as the change in the Medicaid transportation system, have been brought to the HB 843 regional council for response and action.

REGION 7 NORTH KEY



Boone, Campbell, Carroll, Gallatin,
Grant, Kenton, Owen, and
Pendleton

Activities

- The Northern Kentucky Regional Planning Council continues to meet monthly. We have held two community forums in 2002 at which local legislators and the general public attended.
- We have met with law enforcement, emergency response and criminal justice personnel to gather more information about the needs of individuals with mental health and substance abuse issues.
- Our local needs statement was refined to identify two major action areas: 1) funding changes to increase the dollars to our region, and 2) increased flexibility in how those dollars are used.
- We have coordinated our Council activities with the KY-ASAP initiative in our region.

Local initiatives influenced/precipitated by HB 843 process

- Collaborative Grants were submitted and received in the following need areas:
 - ☐ Expand Adolescent Substance Abuse (SA) intensive outpatient services to Pendleton County
 - ☐ Create model treatment program for adolescents at first contact with juvenile justice system.
 - ☐ Increase coordination and capacity for school-based services in the region.
 - ☐ Expand intensive services to youthful offenders in a re-entry support services approach.
 - ☐ Implement an "Intensive Re-Entry Program" for adult offenders with SA problems
- We are evaluating more aggressive approaches to recruitment of clinicians to the region.
- NorthKey began an Adult Day Treatment service in Pendleton County in Spring/Summer 2002.
- NorthKey and the ADD are collaborating to form and lead the Mental Health and Aging Coalition. This group of community providers and advocates is currently gathering survey data regarding seniors' perceived service needs.
- NorthKey has improved internal systems aimed at providing more services to the region.
- A pilot child and adolescent crisis stabilization service is being expanded with the CSU dollars in the 2002/2003 budget and an Adult Crisis stabilization service proposal is also being submitted
- NorthKey is working with the Kenton County Judge Executive to identify approaches to improve MH and SA services to county jail inmates. Jail staff training plans are being developed across the region.
- Community Solutions, a local collaboration initiative among several agencies, has begun; NorthKey moved its family and children's services in Kenton County into this site in June 2002.
- NorthKey collaborated with the Recovery Network to establish on-going support for consumer-led initiatives in our region by using additional Federal Block grant dollars as a base of funding support.

Current Plans/Targets

- Continue to evaluate the regional needs and plan for necessary changes to help meet the needs.
- Acquire improved regional data to evaluate the current service array operating in the region.
- Continue to educate local legislators about our regional service needs, as well as statewide service needs, in order to acquire adequate statewide funding for MH/SA services.
- Continue to work with legislators and the Cabinet of Health Services staff to seek changes to the funding mechanisms for MH and SA services so that our region has the appropriate funding support.
- Enhance membership on the Council to involve more consumers and other community members.
- Collaborate with the Northern Kentucky Chamber of Commerce to help our business leaders better understand the importance of adequate mental health and substance abuse service availability.

REGION 8 COMPREHEND



Bracken, Fleming, Lewis, Mason,
and Robertson

Region VIII used its HB 843 needs assessment and prevalence data to support an initiative to establish a Drug Court in the region. A portion of the funding necessary for the community treatment services was obtained from the local ASAP Board in the amount of \$30,000.

Comprehend has received two grants from the Health Foundation of Greater Cincinnati which will be used in the following initiatives:

- To identify in Region 8 needs, gaps in services and program development for mental health and substance abuse services to children and adolescents with a focus on working with and within the schools.
- To expand the Children's Advisory Group to be the children's subcommittee of the HB 843 regional planning council.
- To increase collaboration between schools, the local KY-ASAP Board and Comprehend to enhance and develop comprehensive school-based services and to increase services to adolescents.

Through funding allocations in the Governor's Spending Plan and debated budget we are making plans for the establishment of our much-needed Crisis Stabilization Unit (CSU) for Adults.

REGION 9/10 PATHWAYS



Boyd, Carter, Elliott, Greenup,
Lawrence, Bath, Menifee,
Montgomery, Morgan, and Rowan

Local Implementation Initiatives

- Progress is continuing on Pathways, Inc.'s applications for funding to establish a **Women's Residential Treatment Program** in the Ashland (Boyd County) area. Pathways is seeking funding in a combination of grants through the Fifth Third Bank Charitable Foundation, the Kentucky Housing Corporation and the Center for Substance Abuse Treatment. We are working with the Strategic Funding Group in Lexington, Kentucky to prepare our proposal. The Women's Institute of the University of Kentucky Center on Drug and Alcohol Research funds this work. The facility will provide up to 15 beds for women and their small children, and will be an intermediate to long-term treatment program for primary treatment of addiction to alcohol or other drugs. The space will include six bedrooms, shared bathrooms, kitchen, dining area, large group area, small group area, library room, play room, staff offices, recreation room, and storage space. Funding is needed for the facility as well as furnishings, staff, program expenses, transportation, and childcare.

Successes

- A **Drug Court** is now operational in Greenup County, and plans are under way to establish one in Boyd County. Both Courts have been running pilot Drug Court programs since January 2002.
- Progress has been made in getting practitioners entered into the **KentuckyCares.net** database.

Future Focus

- Work will continue on the goals and out-year goals originally set (see report dated 12/2000).

REGION 11 MOUNTAIN



Floyd, Johnson, Magoffin, Martin,
and Pike

Local Implementation Initiatives

- *Access to Care:* Mountain Comprehensive Care Center (MCCC) has a contract in place with Pikeville Methodist Hospital for mental health assessments and a walk in clinic available after hours for mental health assessments.
- *Increase in use of crisis stabilization units:* Both children and adult units are fully operational.

Successes

- *Increase availability of qualified staff:* Two masters level education programs are being offered this fall at the local community college. Lindsey Wilson is offering a professional counseling curriculum and the University of Kentucky is offering the masters in social work curriculum.
- *Increase collaboration with local partners:* The Mental Health and Aging Coalition has developed a community education program targeting depression and the elderly.
- *Develop transitional program for youth and young adults.* MCCC Summer Fun Camp utilized several community partners to focus on transition activities for youth ages 14-18.
- *Decrease stigma and provide community education regarding mental health:* MCCC utilized national mental health campaign materials to provide community education during Children's Mental Health Month.
- *Increase abstinence from substances:* The vision, mission statement and several goals and objectives of KY-ASAP are congruent with the goal, objectives and implementation strategies from the HB 843 substance abuse prevention plan.

Future Focus

- Region XI plans to combine the HB 843 Regional Council with the KY-ASAP Councils this fall, to better enhance coordination of services in the region.

REGION 12 KENTUCKY RIVER



Breathitt, Knott, Lee, Leslie,
Letcher, Owsley, Perry, and Wolfe

Substance Abuse: Robert Wood Johnson Foundation – Reclaiming Mountain Futures: Kentucky River Community Care (KRCC) and People Encouraging People, Inc. received a five-year grant to plan and implement programming for youth with substance use problems who are at-risk of juvenile justice involvement. This project is designed to develop and implement new models for integrated systems of care that include treatment, judicial, and social services.

Public and Fiscal Policy

- KRCC was instrumental in forming the Coalition on Appalachian Substance Abuse Policy, a four-state coalition establishing a network to identify evaluation, policy, and data collection issues regarding substance abuse in Central Appalachia. The group hopes to create a more effective allocation of limited resources.
- The Kentucky River Regional Planning Council and KRCC's Board of Directors sponsored a legislative forum to introduce local legislators to our region's substance abuse and behavioral health priorities.

Professional Staffing - Increase Pool of Credentialed Professionals: KRCC collaborated with Lindsey Wilson College to develop educational opportunities available in -region on a flexible schedule (evenings and weekends). Graduates of the Master's program in Counseling and Human Development will qualify for Qualified Mental Health Professional (QMHP) status and state credentialing as a Licensed Professional Clinical Counselor. A bachelor's program in Human Service was also designed. Classes began in the Fall, 2002 semester.

Housing: KRCC, in collaboration with Kentucky Housing Corporation, completed one new housing complex for clients with special needs. Funding for a second complex has been secured. A third complex is in the development stages.

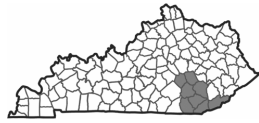
Supported Employment: A community industries program has been initiated by KRCC to develop work opportunities for individuals with SMI, adults with substance abuse issues, and adolescents in transition.

Collaboration and Planning – Trauma Services for Women: KRCC, area Health Departments, and the UK Women's Institute have established the Appalachian Violence Outreach Network (AVON): This project, funded by a three-year grant, establishes a referral network and treatment services for women who have experienced trauma. AVON is designed to increase services for women who are trauma survivors by consolidating resources and focusing the efforts of agencies most likely to be in contact with trauma survivors.

Future Focus

Increase Number of Residential Treatment Beds – Adolescents: KRCC is working on developing a residential substance abuse treatment program for adolescents.

**REGION 13
CUMBERLAND RIVER**



Bell, Clay, Harlan, Jackson, Knox,
Laurel, Rockcastle, and Whitley

Local Implementation Initiatives

- A. Graduate programs in Counseling offered locally
- B. Graduate programs in Social Work offered locally
- C. Undergraduate programs in Human Services offered locally
- D. Accreditation for all B. A. Social Work programs at local colleges
- E. Children's Crisis Stabilization Unit
- F. Adult Crisis Stabilization Unit

Successes

- A. Items A, C, E and F accomplished or will be completed during FY 2002 – 2003
- B. The Social Work program at Lindsey Wilson College is accredited.

Future Focus

- A. Continue to work toward bringing a Master's in Social Work program to the Region
- B. Focus on additional enrollment in all accredited B. A. and M.A./M.S. programs
- C. Work with Cumberland College and Union College regarding offering an accredited B.S.W. program
- D. Add substance abuse services to local schools and courts as funding becomes available
- E. Add intensive adolescent substance abuse services throughout the Region as funding becomes available
- F. Work closely with Cumberland Valley Area Development District and Area Agency on Aging to increase and identify services and programs for the elderly and aging population.

REGION 14 ADANTA



Adair, Casey, Clinton, Cumberland,
Green, McCreary, Pulaski, Russell,
Taylor, and Wayne

The Lake Cumberland Regional Planning Council continues to have ongoing community involvement and continues to meet quarterly to update the council on state and regional issues. One of the ways in which Council members are updated on state and regional issues is through receiving the minutes of the meetings of the Statewide Commission Workgroups. Council members are asked to provide input to the representatives on these workgroups.

- December, 2001 - Somerset Community College (SCC) and Lindsey Wilson College agreed to provide a Bachelor's Degree in Human Services. SCC will offer the first two years toward the degree, and Lindsey Wilson will offer the last two years on the SCC campus. This agreement was entered into as a part of the recommendation to attract and retain qualified professionals in the mental health professions.
- January 29, 2002 – Dr. Sheila Schuster talked with Planning Council members regarding their role in working with legislators.
- March 9, 2002 – Sub-committee meeting with community mental health center staff to review and make recommendations on community block grant dollars.
- May 16, 2002 – Steve Shannon, KARP, provided an overview on statewide workgroups to Planning Council members.
- August 2002 – Sherri Estes, Chair of the KY-ASAP Local Board that covers Adair, Pulaski and Cumberland Counties was added as a member to the Regional Planning Council.
- August 22, 2002 – Regional Planning Council met to identify in priority order the most pressing unmet needs for behavioral health services for children. The regional plan submitted in December of 2000 was also reviewed and it was the decision of the Council to continue with that plan.
- August 2002 – Lindsey Wilson College and Somerset Community College offer the Human Services Bachelor's Degree Program on the SCC campus. The first class is admitted.

REGION 15 BLUEGRASS



Anderson, Bourbon, Boyle, Clark,
Estill, Fayette, Franklin, Garrard,
Harrison, Jessamine, Lincoln,
Madison, Mercer, Nicholas, Powell,
Scott, and Woodford

Initiatives, Successes, Challenges Related to Goals from December, 2000 Report

Goal 1 - Increased access to psychotropic medications.

- Bluegrass Regional Mental Health and Mental Retardation (BGMHMR) Board has improved general access to care through centralized system, with numbers of individuals served significantly increased.
- BGMHMR has increased full time equivalent (FTE) psychiatric slots for both adults and children, as well as increasing number of FTE Advanced Registered Nurse Practitioners (ARNP's).
- BGMHMR Board has significantly increased utilization of patient assistance, indigent care and other medication support programs, and is participating in the Kentucky Physician Care Program.
- There has been a significant decrease in available private resources, due to the closing of several psychiatric units in acute care hospitals, resulting in a significant increase in demand for services.

Goal 2 - Children and youth in need of services receive appropriate care.

- Implementation through BGMHMR Board of regional child crisis stabilization service.
- Significantly increased percentage of services to children and youth provided in schools.
- Increased consultation with school systems, DCBS, and other agencies.

Goal 3 - Improve access to transportation services.

- Increased restrictions by regional transportation providers have made the concern more acute.
- BGMHMR Board continues to increase its capacity to transport clients.

Goal 4 - Develop uninterrupted substance abuse delivery system.

- BGMHMR Board is working with courts in a number of jurisdictions to develop drug courts.
- Affiliate programs have increased their residential substance abuse services for men and women.
- BGMHMR Board is currently implementing major system enhancement with development of dual diagnosis services in outpatient programs and at Eastern State Hospital (ESH).
- Intensive substance abuse program for inmates of Fayette County Detention Center is being implemented by the Hope Center.

Goal 5 - Drug and alcohol programs for children and youth.

- Increased services in schools through BGMHMR Board.
- Training in dual diagnosis of BGMHMR Board staff who serve children and youth.
- Intensive Outpatient Programs for youth focusing on substance abuse in planning stage.

Goal 6 - Housing for individuals with mental illness.

- BGMHMR Board continues to aggressively develop HUD-funded housing complexes for individuals with Serious Mental Illness (SMI).
- Increase in BGMHMR Board voucher, housing assistance and housing support programs.
- Local group, New Beginnings, has opened a range of housing options for individuals with SMI.

Goal 7. Day Treatment programs for children and youth.

- No significant developments to date.

WORK GROUPS

The Commission has had the assistance of work groups assembled at the state level to advise it on complex issues and to involve a wider array of stakeholders than was possible during the first years of the Commission's work.

The first work groups were established to help address the specific recommendations required of the Commission in the original legislation for systems of care for children, adults and the elderly who have mental health, substance abuse, or co-occurring disorders; the interface between the criminal justice and mental health/substance abuse systems; and quality assurance and customer satisfaction.

As the commission heard the issues presented by Regional Planning Councils and worked at the state level to better understand them, additional work groups were added. Each work group has a specific scope of work that has been reviewed and approved by the Commission, and each group makes regular reports to update the Commission on progress toward its goals.

Although the work groups include many Regional Planning Council members, the Commission has instructed work groups to communicate regularly with the councils to assure that stakeholders at the local level continue to be involved in policy and program development, and that their work supplements rather than replaces regional development work.

The following describes the goal, accomplishments to date, and next steps for the Commission's work groups.

CHILDREN

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Goal

Develop a prioritized plan for the funding and coordination of services within the Commonwealth's systems of care that provide behavioral health services to children. The scope of work for the Children's Work Group is based on a report of the Program Review Subcommittee of the General Assembly that focused on a Medicaid program, Impact Plus, but had expressed wider system-of-care concerns. The prioritized plan is to be completed by June 2003.

Accomplishments

- ❑ The ideal continuum of care of behavioral health services for children has been identified, and the number of children likely to be served at each point along the continuum has been projected.
- ❑ Recommendations to address access to services for all children including the unique needs of children in state custody, and children who are not Medicaid-eligible, have been developed.
- ❑ The Regional Planning Councils have identified and reported the five most pressing unmet needs in their regions to the work group.

- ❑ Public dollars currently spent for child behavioral health services by public child -serving agencies are being counted.

Next Steps

- ❑ Develop recommendations for preferred practice protocols, acceptable outcome measures, site reviews, and exit criteria.
- ❑ Identify most appropriate roles for public and private service providers.
- ❑ Develop recommendations regarding the efficient and equitable balance of funding between children with the most and least severe conditions.
- ❑ Develop recommendations to maximize federal funding without imposing an excessive burden to be born entirely by Medicaid Services.
- ❑ Recommend management structures that allow coordination of programs among agencies, but still maintain fiscal accountability.
- ❑ Develop recommendations for balancing the need for local flexibility with state oversight for system accountability, including coordination of mental and behavioral health services with the school system.

CRIMINAL JUSTICE/BEHAVIORAL HEALTH INTERFACE

Goal

Among several priorities for focus, the first priority has been to make recommendations for mental health and substance abuse consultation and training for jails and the long-term monitoring of behavioral health training initiatives for law enforcement personnel.

Accomplishments

The work group made seven major recommendations to the 843 Commission:

- ❑ A model curriculum to be utilized by Regional MH/MR Boards for training local jailers regarding persons with mental illness, substance abuse disorders, dual diagnosis, developmental disabilities and acquired brain injuries;
- ❑ Questions to be used by jailers in screening and assessment tools;
- ❑ A menu of training delivery options;
- ❑ Elements for the evaluation of the training program.
- ❑ Elements for a model working agreement between a local mental health center and a local jail; and
- ❑ In collaboration with the Jails Standards Review Commission, a series of recommendations specific to the reporting of suicides; mandatory training delivery standards; the components of the jail admission screening tool; and coordination with existing jailer training offered by the Department of Corrections.
- ❑ A model curriculum was purchased from the Ohio Chapter of the National Alliance for the Mentally Ill (NAMI Ohio) for cross systems training for jailers. The curriculum will also be useful in training of law enforcement officers, public defenders, prosecutors, the judiciary and other members of the criminal justice system.

Next Steps

The work group will begin focusing on KRS 202A, the statute that governs involuntary hospitalizations of a person with a mental illness, including:

- ❑ Issues with the criteria for civil commitment;
- ❑ Evaluation of persons who are under the influences of substances; and
- ❑ Service system gaps for individuals who are incompetent to stand trial, but do not meet criteria for civil commitment.

ADVANCE MENTAL HEALTH DIRECTIVE

Goal

To study the implementation of an Advance Directive for mental health treatment and, with the input of all stakeholders, to present materials to the HB 843 Statewide Commission for its recommendations by November 30, 2002. The goal is to arrive at a consensus document and description of issues to be presented to the HB 843 Statewide Commission; if consensus is not achieved on a given issue(s), to present the varying positions so that the Commission can make its recommendations.

Accomplishments

- ❑ The Work Group has successfully engaged the active participation of all stake-holder groups including consumers, family members, advocates, physicians, hospitals (both state and private), Regional MH/MR Boards, mental health professionals and service providers, Protection & Advocacy, Department of MH and the LRC.
- ❑ We have conducted a review and summarized Advance Directive materials from: statutes in 20 states, position papers and model acts from national advocacy groups, and relevant Kentucky statutes and regulations.
- ❑ The Work Group has gathered and reviewed relevant federal requirements which would impact on the implementation of an Advance Mental Health Directive.

Next Steps

- ❑ The Work Group members have identified a number of issues and are systematically working through each of them in an attempt to achieve a balance between consumer empowerment and choice, sharing of vital history and information, and the ability of providers to make clinical decisions which assure the best possible treatment.
- ❑ The Work Group has met four times and plans to meet three more times prior to the November 18th HB 843 Commission meeting in order to gain consensus, if at all possible, on the issues which have been identified.
- ❑ Rep. Ron Crimm has indicated that he will review the Work Group's summary documents and the recommendations of the HB 843 Commission as the basis of legislation possibly to be filed in the 2003 General Assembly.

HUMAN RESOURCES

Goal

Develop immediate and long-term strategies to address the shortages of qualified behavioral health professionals. The overall goal is to increase the number and the skill level of mental health and substance abuse professionals in each region of the state. The effort is coordinated with a national initiative by Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources Services Administration (HRSA) to improve access to mental health services, and with Kentucky's "Real Choices" initiative, which has a focus on paraprofessional staff development.

Accomplishments

- ❑ A statewide forum was held in May 2002 to kick-off the formation of a state level initiative.
- ❑ Seven collaborative regional teams of representatives of institutions of higher education, professional boards, and the Regional MH/MR Boards have been established. Regional teams are focusing on enhancing field experience placements, barriers to persons in the workforce who want to further their education, and recruitment and retention issues. They are also reviewing curriculum development and use of technology to extend more education and training to remote parts of the state.
- ❑ A comprehensive list of behavioral health professionals is being revised, and a method for updating the data is under development.
- ❑ A study of marketing techniques to recruit and retain behavioral health professionals is underway.
- ❑ Several colleges and universities have begun degree programs in rural areas. Among them are Lindsey Wilson College, which has approximately two hundred students enrolled in eight new programs at the bachelor's and the master's level in three eastern Kentucky regions; and Western Kentucky University, which is exploring the feasibility of an on-line degree program at the master's level.

Next Steps

A second statewide forum is planned for January 2003 to share progress made towards goals and brainstorm ideas for future directions. In the meantime, the work group will share information with other groups working on similar issues.

PUBLIC EDUCATION

Goal

Institute statewide public education initiatives on behavioral health issues with the goals of reducing stigma and misunderstanding attached to mental illness and substance abuse disorders and their treatment, increasing knowledge of available resources, and promoting a holistic approach to mental illness and substance abuse as health issues. The primary strategy will be to foster collaboration among stakeholder groups to promote community education, outreach and anti-stigma activities.

Accomplishments

- ❑ The workgroup has grown to include a wider array of stakeholders including representatives of similar groups and of for-profit organizations.
- ❑ An inventory survey of current efforts and public education resources on mental health and substance abuse has been developed and is being mailed to public and private providers, advocates, consumers, family members, and other interested parties. This will help the workgroup build on the foundation of good public education and awareness resources that already exist, and identify gaps and challenges.
- ❑ Research continues on national perception surveys that have assessed public attitudes toward mental health and substance abuse.
- ❑ Workgroup also is acting as a resource to the Cabinet for Health Services and DMHMR staff in publicizing progress areas contained in this year's HB 843 Commission's annual report.

Next Steps

- ❑ Release results of the resource inventory to stakeholders around the state.
- ❑ Use the resource inventory and public perception data to develop additional materials for a campaign. The material and campaign will be tailored to meet local or regional needs.
- ❑ The message of a campaign will likely focus on early intervention, wellness, recovery, and hope. Sub-groups (i.e. reporters, publishers, editorial boards, or "natural helpers" in a community) may require special, more-focused efforts.
- ❑ In the meantime, the work group will help the Commission publicize this annual report.

OLDER ADULTS

Goal

The goals of the Older Adult Work Group are to facilitate increased awareness of the mental health, substance abuse and primary care service needs of older adults among professionals, service providers, and policy makers, and to effect change in how the service system responds to the older adult with mental illness or a substance abuse problems. The ultimate goal is for Kentucky to have a comprehensive system of care providing quality services to all in need including older Kentuckians.

Accomplishments

- ❑ A representative from the Office of Aging Services has been appointed to the Commission.
- ❑ Regional Planning Councils have been surveyed about the representation of older adults on Councils.

Next Steps

- ❑ Development of a comprehensive report that describes the mental health and substance abuse service needs of older persons, including service system gaps and barriers, system strengths, and exemplary programs.
- ❑ Collaborate with other agencies and institutions to better understand the service needs of older persons, and how their training and education initiatives address them. The work group desires to facilitate the development of partnerships with regional universities who have graduate geriatric health programs for education and research.
- ❑ Facilitate the continuous exchange between the physical and behavioral health care system of knowledge regarding geriatric mental health and substance abuse issues.
- ❑ Identify ways to develop and fund projects to blend (or braid) funding streams for aging and mental health, fostering coordination of services between mental health, aging and primary care providers.

EMPLOYMENT

Goal

The employment work group was established only recently by the Commission, and has these objectives for its scope of work:

- ❑ Using Regional Planning Council data, develop a picture of the current employment opportunities available statewide for supported employment, training and other employment options. Review the work of the Supported Employment Stakeholders Group organized by the Department of Vocational Rehabilitation in April 2002.
- ❑ Review the Kentucky Business Leadership Network's employer training plan and the Supported Employment Training Project
- ❑ Consult with the Medicaid -Buy-In work group to identify the current status of this initiative.
- ❑ Collaborate with the Older Adult Work Group to include in their planned study an assessment of older adult's employment needs.

Next Steps

Recommend action steps to the Commission.

QUALITY ASSURANCE/CUSTOMER SATISFACTION

The HB 843 Commission Quality Assurance & Consumer Satisfaction Workgroup has met twice, July 10, 2002 and September 4, 2002. The following is the workgroup's goal statement, accomplishments and future focus.

Goal

Recommend a plan related to:

- ❑ Development of provider quality improvement programs;
- ❑ A nationally standardized consumer satisfaction survey process;
- ❑ Consumer participation in the development of outcome measures and systems to monitor them;
- ❑ Standardized performance measurement systems (including outcome measures) that allow information to be shared; and
- ❑ Use of benchmarking to state or national standards of performance and outcomes.

Accomplishments

- ❑ The Division of Mental Health used one-time savings in CMHS Block Grant funds from implementing flexible funding to begin implementation of an Outcomes Information system that will use new technology to obtain data from adult consumers about their health status and satisfaction with services. The funds will also cover costs and program development associated with using computers in rehabilitation programs.
- ❑ Consumer satisfaction tools have been reviewed;
- ❑ A proposal for standardization of processes for consumer complaints has been developed that will be sent to the Regional Planning Councils for feed back; and;
- ❑ The potential for use of "Deemed -Status," where mental health outpatient providers are deemed to meet licensure when they are accredited, has been reviewed.

Next Steps

Make recommendations for implementation of its recommendations to the Commission.

HOUSING

Goal

Increase the availability of housing options by increasing system collaboration, housing stock, housing supports, funding, and access to existing housing stock. Potential strategies include partnering with developers, management companies, and other housing agencies, disbursing the Operating Subsidy Pool as an alternative to Section 8, promoting preferences with housing vouchers for homeless and institutionalized, and by tying service dollars, for case managers and staff of Regional MH/MR Boards to project funding.

Accomplishments

- ❑ Review of existing housing resources, Housing Authorities, Section 8, Section 811, CMHMRCs, Assisted Rental Housing, regional housing priorities and obstacles from the Consolidated Plan, and financial assistance available.
- ❑ Discussed the need for substance abuse transitional programs, residential treatment and case management, reviewed special needs, service requirements, impediments to housing and projected cost to address unmet need.
- ❑ Met with a low income housing developer to discuss their concerns, financial requirements and problems with the funding and Section 8 process.

Next Steps

Updated recommendations related to housing will be obtained from Regional Planning Councils. The work group will also explore how to address developers' concerns, and will expand the work group to include family members and a representative from the substance abuse stakeholder community.

ACCESS TO MEDICATION

Goal

To have timely universal access to the most recently patented and most effective medications for treating mental illness, substance abuse, and dual diagnoses.

The Access to Medication Work Group has not yet been organized by the 843 Commission. When it is assembled, it will take its charge and direction from the recommendations of the Regional Planning Councils and the Adult, Older Adult and Children's Work Groups, all of which had a significant focus on medications. The following goals and objectives were included in the 843 Commission's first report:

- ❑ Examine formularies for Medicaid and other state-supported medication programs that need to include the most recently patented medications and medications for treating craving for substances.
- ❑ Increase the availability of professionals who are educated and trained about diagnosing and treating with most recently patented medications.
- ❑ Create more ready access to professionals who prescribe medications, including psychiatrists, primary care physicians, physician assistants, and ARNP's.
- ❑ Increase education for the public about new medications.
- ❑ Increase education for consumers about new medications.

TRANSPORTATION

The lack of transportation and its impact as a barrier to accessing mental health and substance abuse services was perhaps the most consistently noted finding across the 14 Regional Planning Council reports. Because it is such an endemic and tremendously large problem, it has been difficult for the 843 Commission to organize and establish a work group and to give it a well-defined and operational charge. With the recent addition of the Executive Director of the Office of Transportation Delivery of the Transportation Cabinet to the 843 Commission, the formation of a Transportation Work Group should be forthcoming.

Goal

The June, 2001 report described the issue around transportation access to services as:

- ❑ Make available affordable, reliable transportation for all persons who need to access mental health or substance abuse services.
- ❑ Improve the availability of community-sponsored transportation and of services in all regions of the state.
- ❑ Develop mobile services where feasible to take mental health and substance abuse services on-site to the consumer.

NEXT STEPS FOR THE COMMISSION

The goal of the HB 843 Commission as created in the 2000 Kentucky General Assembly is to create an integrated mental health and substance abuse service delivery system that truly meets the needs of Kentuckians in every part of the state. This report of activities and successes since the initial report issued in June of 2001 reflects progress on many fronts in response to the Statewide Commission's recommendations and in a multitude of local initiatives undertaken by the 14 Regional Planning Councils.

But there is much more work to be done. One focus for the 2003 Kentucky General Assembly session will be to enact legislation which will remove the sunset provision; to put into statute the changes in composition of the 843 Commission membership; to assure coordination with other planning and oversight entities; and, to spell out the ongoing role of the Regional Planning Councils as the source of local data and needs assessment and the foundation of planning and implementation. Other issues likely to be discussed in the upcoming legislative session include funding and funding flexibility, the impact of the projected Medicaid deficit, issues at the interface of criminal justice and behavioral health, the Advance Mental Health Directive, expanding deemed status for providers accredited by outside organizations, and creative responses to some of the identified overarching issues including housing, medications, and transportation.

The Medication Access and Transportation Work Groups need to be formalized by the Statewide Commission and given their charges, as these issues are recognized as significant barriers in every region of the state. The focus on children's needs and the call to increase MH and SA services for older adults will be given special attention by the Statewide Commission and the Regional Planning Councils over the next year, as additional recommendations are generated in these areas.

This progress report confirms the need to continually address the overarching issues identified in the first round of regional reports, as they are key to the development and support of a cohesive, seamless continuum of care. At each step of the way, at whatever level the discussion is held, **collaboration** is key if **planning** and implementation are to be successful. The Commonwealth of Kentucky has taken a first step in its commitment to **fiscal policies**, including increased **funding and flexibility**, which will make the plan a reality. Good **public policy** demands that there be accurate data, accountability and quality assurance in a systems approach that is responsive at both the local and the state level. And at every step, we must be mindful of the **stigma** associated with mental illness and substance abuse disorders; it is the greatest barrier to prevention, early identification and intervention, and access to effective services.

Appendix 1

SFY 02 Increases in Mental Health Spending

REGION	CRISIS STABILIZATION	JAIL TRAINING	EARLY CHILDHOOD	WRAP- AROUND	BLOCK GRANT INCREASE	MH OUTCOMES	TOTAL
FOUR RIVERS	\$400,000	\$19,345	\$63,000		\$6,023	\$4,500	\$492,868
PENNYROYAL	\$400,000	\$25,440	\$63,000	\$275,000	\$6,152	\$4,500	\$774,092
RIVER VALLEY		\$18,285	\$63,000		\$6,210	\$4,500	\$91,995
LIFESKILLS		\$21,995	\$63,000		\$7,616	\$10,500	\$103,111
COMMUNICARE	\$400,000	\$30,475	\$63,000		\$7,327	\$7,500	\$508,302
SEVEN COUNTIES		\$40,280	\$63,000	\$275,000	\$25,977	\$15,000	\$419,257
NORTH KEY	\$400,000	\$20,140	\$63,000		\$11,794	\$6,000	\$500,934
COMPREHEND		\$3,975	\$63,000		\$1,651	\$9,000	\$77,626
PATHWAYS		\$7,155	\$63,000		\$6,301	\$18,000	\$94,456
MOUNTAIN		\$7,155	\$63,000		\$4,790	\$10,500	\$85,445
KENTUCKY RIVER		\$6,625	\$63,000	\$275,000	\$3,601	\$12,000	\$360,226
CUMBERLAND RIVER	\$400,000	\$11,925	\$63,000		\$7,137	\$16,500	\$498,562
ADANTA		\$8,480	\$63,000		\$5,763	\$13,500	\$90,743
BLUEGRASS		\$43,725	\$63,000	\$275,000	\$20,378	\$28,500	\$430,603
REGIONAL SUBTOTAL	\$2,000,000	\$265,000	\$882,000	\$1,100,000	\$120,720	\$160,500	\$4,528,220
STATE LEVEL SUBTOTAL	\$0	\$10,000	\$118,000	\$0	\$106,039	\$0	\$234,039
GRAND TOTAL	\$2,000,000	\$275,000	\$1,000,000	\$1,100,000	\$226,759	\$160,500	\$4,762,259

NOTES

CRISIS STABILIZATION: Targeted regions were specified in the Spending Plan.

JAIL TRAINING: \$10,000 retained for statewide train-the-trainers; remainder spread based on number of jail beds per region.

EARLY CHILDHOOD: \$118,000 reserved at state level for public health administrative staff and program evaluation; remainder spread equally across regions to support a single professional staff position.

WRAPAROUND: Allocated equally to the four regions where state hospitals are located; the four regional boards will act as "fiscal agents"; funds will flow to regions of placement of the targeted individuals.

MH OUTCOMES: One-time federal block grant funds spread according to the number of sites in regions for Therapeutic Rehabilitation, Specialized Personal Care Homes and IMPACT.

BLOCK GRANT INCREASE: \$106,039 contracted for state-wide projects; remainder spread per capita from federal funding increase.

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Title: INTRODUCTION
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Author: Philip Scott
Keywords:
Comments:
Creation Date: 11/13/2002 3:16 PM
Change Number: 2
Last Saved On: 11/13/2002 3:16 PM
Last Saved By: Karen Spradling
Total Editing Time: 2 Minutes
Last Printed On: 1/13/2003 8:22 AM
As of Last Complete Printing
Number of Pages: 42
Number of Words: 11,663 (approx.)
Number of Characters: 66,482 (approx.)